

TRICARE Pharmacy Program Medical Necessity Form for Overactive Bladder (OAB) Medications

This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Detrol LA (tolterodine sustained release), Ditropan XL (oxybutynin sustained release), Enablex (darifenacin), Vesicare (solifenacin), and oxybutynin immediate release** are the formulary OAB medications on the DoD Uniform Formulary.
- **Detrol (tolterodine immediate release), Oxytrol (oxybutynin patch), and Sanctura (trospium)** are non-formulary, but available to most beneficiaries at a \$22 cost share.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication *instead of a formulary medication* is medically necessary. If a non-formulary medication is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER	If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	If the prescription is to be filled at a retail network pharmacy, check here <input type="checkbox"/>	MTF	<ul style="list-style-type: none"> • Non-formulary medications are available at MTFs only if both of the following are true: <ul style="list-style-type: none"> ▪ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. ▪ The non-formulary medication is determined to be medically necessary. • Please contact your local MTF for more information. There are no cost shares at MTFs.
	<ul style="list-style-type: none"> • The completed form and the prescription may be faxed to 1-877-283-8075 or 1-602-586-3915 OR • The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 		<ul style="list-style-type: none"> • The provider may call: 1-866-684-4488 OR • The completed form may be faxed to 1-866-684-4477 		

There is no expiration date for approved medical necessity determinations.

Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID #: _____	Phone #: _____
	Secure Fax #: _____

- Step 2** 1. Please explain why the patient cannot be treated with any of the formulary alternatives:
- 2 Please indicate which of the reasons below (1-4) applies to each of the formulary alternatives listed in the table. You **MUST** circle a reason AND supply a written clinical explanation specific for EACH formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Darifenacin (Enablex)	1 2 3 4 5	
Oxybutynin sustained release (Ditropan XL)	1 2 3 4 5	
Solifenacin (Vesicare)	1 2 3 4 5	
Tolterodine sustained release (Detrol LA)	1 2 3 4 5	

The criteria do not include oxybutynin immediate release as a formulary alternative due to its multiple daily dosing requirement and greater incidence of adverse effects (e.g., dry mouth) when used chronically, compared to longer-acting OAB medications. Patients are not required to have tried oxybutynin immediate release.

Acceptable clinical reasons for not using a formulary alternative are:

1. The formulary alternative is contraindicated (e.g., due to a hypersensitivity reaction).
2. The patient has experienced significant adverse effects with the formulary alternative that are not expected to occur with the non-formulary OAB medication.
3. An adequate trial of the formulary alternative resulted in therapeutic failure.
4. Oxytrol patch is more appropriate than the formulary alternatives because the patient is unable to take oral medications.
5. Oxytrol patch is more appropriate than the formulary alternatives because the patient has experienced central nervous system (CNS) adverse effects with oral OAB medications or is at increased risk for such CNS effects due to comorbid conditions or other medications.

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

_____ Prescriber Signature	_____ Date
-------------------------------	---------------